

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2008

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	3	EO	xxx	3/1	NAIC	G, H(a), I, J, K(a), L
	1.1	Printed Investment Schedule detail (Pages E01-E25)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")		EO		5/15, 8/15, 11/15	NAIC	G, H(a), I, J, K(a), L
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	11	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	12	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	M
	13	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	14	Exceptions to Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	M, N(a)
	15	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	M
	16	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	17	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	M
	18	Long Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	19	Management Discussion & Analysis	2	EO	xxx	4/1	Company	K(a)
	20	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	21	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M, N(a)
	22	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	M
	23	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	K(a)
	24	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	K(a)
	25	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, K(a)
	26	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	27	Statement of Actuarial Opinion	2	EO	xxx	3/1	Company	G, K(a)
	28	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	29	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K(a)
	30	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	44	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	
	45	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	46	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	47	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	48	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	49	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	K(a), N(c)
	52	Audited Financial Statements	2	EO	xxx	6/1	Company	J, K(a)
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	54	Independent CPA Registration	1	N/A	N/A	1/1	Company	N(c)
	55	Notification of Adverse Financial Condition	2	N/A	N/A	Within 10 days of CPA discovery	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	K(a), R
	57	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
	58	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	J
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	xxx	0	1	3/1	State	H(b)
	102	Certificate of Deposit	xxx	0	1	3/1	State	H(b)
	103	Filings Checklist (with Column 1 completed)	xxx	1	xxx		State	P
	104	Premium tax	1	0	1	3/1	State	K, Q
	105	State Filing Fees	N/A	0	N/A		State	O
	106	Signed Jurat	xxx	xxx	1	3/1, 5/15, 8/15, 11/15	NAIC	K(b), L
	107	Application for renewal of Certificate of Authority	1	xxx	1	3/1	State	H(b)
	108	Updated Biographical Affidavits	1	xxx	N/A	3/1	Company	Domestics Only
	109	Form B&C Holding Company Statements	1	xxx	xxx	4/15	Company	K(a), S
	110	Form B Supplement Fees between Insurers and Affiliates	1	xxx	xxx	4/15	State	K(a), S
	111	Basket Clause	1	xxx	xxx	3/1	State	K(a), T
	112	TPA Affidavit pursuant to §376.1084 RSMo	1	xxx	xxx	3/1	State	K(a)

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.